

**DIOCESE OF LITTLE ROCK ~ OFFICE OF CATHOLIC SCHOOLS**

**FIELD TRIP APPROVAL FORM**

Name of School \_\_\_\_\_

Teacher Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Date of Request \_\_\_\_\_

Provide a brief description of the activity as related to the curriculum

Type of event \_\_\_\_\_

Cost of event \_\_\_\_\_

Date of event \_\_\_\_\_

Destination of event \_\_\_\_\_

Individual in charge \_\_\_\_\_

Estimated time of departure and return \_\_\_\_\_

Mode of transportation to and from event \_\_\_\_\_

Attach an itinerary including the route to be followed and summary of responsibilities to be given to each chaperone.

Needed information for chaperone as follows:

- Driver Information Sheet
- Volunteer Medical Release
- VIRTUS Compliance
- Laity Code of Conduct on file

\_\_\_\_\_  
Teacher Signature Date

Principal Approval  Yes  No

\_\_\_\_\_  
Principal Signature Date